

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 020489-000120US

First Inventor GOLDFARB, ERIC A.

Title METHODS AND APPARATUS FOR CARDIAC VALVE
REPAIR

Express Mail Label No. EV 346923322US

21908 U.S. PTO
10/613443
07/03/03

APPLICATION ELEMENTS

See MPEP chapter 600 concerning design patent application contents.

1. ☐ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 66]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) **FORMAL** [84]
5. Oath or Declaration [Total Pages 3]
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
 - i. ☒ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO

Commissioner for Patents
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper number of pages
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17. ☒ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: 09/544,930 Filed: April 7, 2000

Prior application information: Examiner O'CONNOR, C.

Group Art Unit: 3738

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label



20350

PATENT TRADEMARK OFFICE

or ☐ Correspondence address below

Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			

Name (Print/Type)	Lynn M. Thompson	Registration No. (Attorney/Agent)	47,991
Signature			Date July 3, 2003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 852

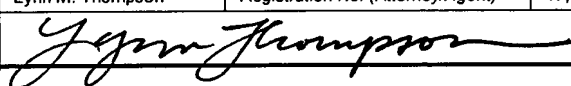
Complete if Known

Application Number	
Filing Date	July 3, 2003
First Named Inventor	GOLDFARB, ERIC A.
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	020489-000120US

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> MoneyOrder	<input type="checkbox"/> Other	<input type="checkbox"/> None				
<input checked="" type="checkbox"/> Deposit Account:								
Deposit Account Number					20-1430			
Deposit Account Name					Townsend and Townsend and Crew LLP			
The Commissioner is authorized to: (check all that apply)								
<input checked="" type="checkbox"/> Charge fee(s) indicated below					<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application								
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.								
FEE CALCULATION					3. ADDITIONAL FEES			
1. BASIC FILING FEE								
Large Entity					Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid			
1001	750	2001	375	Utility filing fee	375			
1002	330	2002	165	Design filing fee				
1003	520	2003	260	Plant filing fee				
1004	750	2004	375	Reissue filing fee				
1005	160	2005	80	Provisional filing fee				
SUBTOTAL (1)					(\$375)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE								
Total Claims					Extra Claims			
59					-20** = 39			
					X \$9 = \$351			
Independent Claims					6			
					-3** = 3			
					X \$42 = \$126			
Multiple Dependent					X =			
Large Entity					Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description				
1202	18	2202	9	Claims in excess of 20				
1201	84	2201	42	Independent claims in excess of 3				
1203	280	2203	140	Multiple dependent claim, if not paid				
1204	84	2204	42	** Reissue independent claims over original patent				
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2)					(\$477)			
**or number previously paid, if greater; For Reissues, see above								
					Other fee (specify) _____			
					*Reduced by Basic Filing Fee Paid			
					SUBTOTAL (3)			
					(\$)			

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Lynn M. Thompson	Registration No. (Attorney/Agent)	47,991	Telephone	650-326-2400
Signature				Date	July 3, 2003

PA 3316197 v1